



## DELAWARE NOTARY PUBLIC APPLICATION

Notaries Public are appointed by the Governor pursuant to 29 Del. C. Chapter 43. The requirements are found at <http://sos.delaware.gov/npinstru.shtml>. Please read the requirements before completing the application. Your application will not be accepted unless **ALL** areas are completed.

### PLEASE PRINT OR TYPE

(Select one:) Miss Mrs. Ms. Mr.

Name of applicant \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First/Middle/Last) (Month/Day/Year)

Home Address \_\_\_\_\_  
(Street, P. O. Box, etc.) (City) (State) (Zip) (County)

If you have ever been convicted of a crime (*except for minor traffic violations*), please list offense, date, and state.

Delaware resident non-resident, State of \_\_\_\_\_ (non-resident who maintains a Delaware workplace must fill out "Affidavit of Non-resident Applicant" form)

Request for new appointment (2 year term only - \$53)

Request for reappointment – present Commission expires on: \_\_\_\_\_ 2 year term (\$53) or  
4 year term (\$78)

With what business organization are you associated?

Business Name: \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

State the nature of your business and the reasons that a notary public commission in your name is needed.

Give the names, **home** addresses, and telephone numbers of two legal residents of Delaware (*not related to you*) who are qualified as references with respect to your character and reputation:

(Name) (Street, P. O. Box, etc.) (City) (Zip) (Telephone No.)

(Name) (Street, P. O. Box, etc.) (City) (Zip) (Telephone No.)

\_\_\_\_\_  
Signature of Applicant

(Do not write in this space) Official Use Only

# \_\_\_\_\_ Date: \_\_\_\_\_